

Practitioner's Docket No. 31172-1007UT

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

☒ In re application of: Christopher J. Raymond
Application No.: 10 / 086,339 Group No.: UNKNOWN
Filed: February 28, 2002 Examiner: UNKNOWN
For: LINE PROFILE ASYMMETRY MEASUREMENT USING SCATTEROMETRY

☐ Patent*: Issued:

*NOTE: Insert name(s) of inventor(s) and title also for patent. Where request is with respect to a maintenance fee payment also insert application number and filing date and add Box M. Fee to address.

Commissioner for Patents and Trademarks
Washington, D.C. 20231

ATTENTION: Refund Section, Accounting Division, Office of Finance

**REQUEST FOR REFUND
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)**

I. REFUND REQUEST

This is a request for a refund, with respect to the charge to Deposit Account
13-4213, shown on the statement dated 3/31/02, for the
above-identified

- ☒ application.
☐ patent.

(check the following, if desired, and supply copy of statement)

- ☒ A copy of the monthly statement, in which the error referred to occurs,
accompanies this request.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents and Trademarks, Washington, D.C. 20231.

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

Jeffrey D. Myers

(type or print name of person certifying)

Date: April 17, 2002

II. FEES CHARGED FOR WHICH REFUND REQUESTED

AMOUNT OF REFUND REQUESTED

- ☐ Filing fee
- ☐ Surcharge for filing the basic filing fee on a date later than the filing date of the application
(37 C.F.R. § 1.16(e))

and/or

- ☐ Surcharge for filing the oath or declaration on a date later than the filing date of the application
(37 C.F.R. § 1.16(e))

- ☐ Extension of term

- ☐ first month
- ☐ second month
- ☐ third month
- ☐ fourth month
- ☐ fifth month

- ☐ Excess claims

- ☐ Issue fee

- ☐ Petition fee

- ☐ Patent maintenance fee

- ☐ first maintenance fee
- ☐ second maintenance fee
- ☐ third maintenance fee

- ☐ Patent maintenance fee surcharge

- ☒ Other Multiple dependent claim fee

TOTAL REFUND REQUESTED

36.00

\$36.00

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

We believe that all claims fees have been paid. Attached for your reference is a Multiple Dependent Claim Fee Calculation Sheet completed for this filing. We calculate 50 total claims and 2 independent claims. We paid a total filing fee of \$780 as follows:

Filing Fee	\$370
Excess Claims (50 - 20 = 30 X \$9)	\$270
Multiple Dependent Claims	<u>\$140</u>
TOTAL	\$780

A copy of our cancelled check number 9518 is also attached.

Therefore, we respectfully request refund of the \$36 fee debited to our Deposit Account 13-4213.

IV. MANNER OF REFUND

Please make refund by

- ☒ crediting Account No. 13-4213
- ☐ crediting credit card as shown on the attached credit card information authorization form PTO-2038.

WARNING: Credit card information should *not* be included on this form as it may become public.

- ☐ refunding payment.


SIGNATURE OF PRACTITIONER

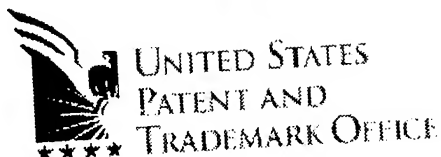
Reg. No.: 35,964

Jeffrey D. Myers
(type or print name of practitioner)
PEACOCK, MYERS & ADAMS, P.C.
P.O. Box 26927
P.O. Address

Tel. No.: (505) 998-1502

Customer No.: 005179

Albuquerque, New Mexico 87125-6927



Return To:

USPTO
Home
PageFinance
Home
Page**Deposit Account Statement**

Requested Statement Month:

March 2002

Deposit Account Number:

134213

Name:

PEACOCK MYERS AND ADAMS, P.C.

Attention:

DEBORAH A. PEACOCK

Address:

P. O. BOX 26927

City:

ALBUQUERQUE

State:

NM

Zip:

87125-6927

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
03/01	49	10047118	30817-1003	104	-\$280.00	\$2,809.00
03/04	3	08927110	70257CIP	248	-\$55.00	\$2,864.00
03/08	3	PCT/US01/50075		704	-\$30.00	\$2,894.00
03/08	79	10086339	31162-1007UT	204	\$36.00	\$2,858.00
03/12	164	PCT/US01/24340	SD-6442	803	\$9.00	\$2,849.00
03/14	3	09473215	30828-1001	203	\$9.00	\$2,840.00
03/15	1	5720407		704	-\$1,640.00	\$4,480.00
03/15	3	5720407		188	\$1,575.00	\$2,905.00
03/19	71	PCT/US02/06704	41543-9901	899	\$40.00	\$2,865.00
03/19	73	PCT/US02/06704	41543-9901	566	\$15.00	\$2,850.00
03/21	13	PCT/US02/04431		704	-\$27.00	\$2,877.00
03/25	195	PCT/US01/26452	41543PCT0002	803	\$9.00	\$2,868.00

START
BALANCE
\$2,529.00

SUM OF
CHARGES
\$1,693.00

SUM OF
REPLENISH
\$2,032.00

END
BALANCE
\$2,868.00

Return to USPTO Home PageReturn to Office of Finance Home Page

BANK OF ALBUQUERQUE
P O BOX 26148
ALBUQUERQUE, NM 87125-6148
660/1070

2/28/02

\$ **780.00

PAY TO THE
ORDER OF

Commissioner for Patents

Seven Hundred Eighty and 00/100

*****DOLLARS

Commissioner for Patents

MEMO

New utility pat apln - Atty Dkt # 31162-1007-UT

AUTHORIZED SIGNATURE

1100951811 1:1070066061: 782720985511

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DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE *

0020 8966

7 01100111124
First Name: TERRY
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Address: 1000
City: ALBANY
State: NY
Zip: 12207
Phone: 518/462-1111
Fax: 518/462-1111
E-Mail: TERRY@ALBANY.NY.GOV
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Security Features

The report was

FEDERAL

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(For use with Form PTO/SB/06)

Application Number
10/086,339

Date
8/02

Applicant(s)
Christopher J. Raymond

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
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Total Indep	2					
Total Depend	48					
Total Claims	50					

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Total Indep						
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Total Claims						

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual user. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.